

Date Request Received: 04/11/2019

Date Issued: 04/12/2019

No. of Request: 1

Claim No(s): 7173815490

Date(s) of Injury: 02/15/2019

Requesting Party: APPLICANT ATTORNEY

Employer: CARDIONET LLC

Ins./Adj. Agency: MARIO CASTRO
CHUBB GROUP LOS ANGELES
PO BOX 42065
PHOENIX, AZ 85080

Employee: JONATHAN SHOCKLEY

Applicant Attorney: IANA ZADNEPROVSKAIA
FARBER OAKLAND
333 HEGENBERGER RD STE 504
OAKLAND, CA 94621

Defense Attorney:

Selected Qualified Medical Evaluator Panel:

Physician's Name: PAUL (GURPAL) SANDHU, MD

Tel No.: (888) 853-7944

Address: 870 MARKET ST STE 600
SAN FRANCISCO, CA 94102

Specialty: PAIN MEDICINE

In Practice Since: 2000

Physician's Education: OHIO STATE UNIVERSITY, COLUMBUS, OH

Physician's Training: ROTATING-RIVERSIDE HOSPITAL, COLUMBUS, OH, 1996-1997
PHYS MED & REHAB-HARVARD/MASS. GENERAL HOSPITAL, BOSTON, MA, 1997-2000

Physician's Name: WAYNE E ANDERSON, DO

Tel No.: (888) 748-4057

Address: 155 VALENCIA ST
SAN FRANCISCO, CA 94103

Specialty: PAIN MEDICINE

In Practice Since: 1993

Physician's Education: UNIVERSITY OF HLTH SCIENCES, COLL OSTEO MED PACIFIC, POMONA, CA

Physician's Training: ROTATING-KAISER, SAN FRANCISCO, CA, 1993-1994
NEUROLOGY-UNIVERSITY OF CALIFORNIA, MARTINEZ, CA, 1995-1998

Physician's Name: GARY MARTINOVSKY, MD

Tel No.: (510) 758-7462

Address: 2299 POST ST STE 211
SAN FRANCISCO, CA 94115-3473

Specialty: PAIN MEDICINE

In Practice Since: 2001

Physician's Education: STANFORD UNIVERSITY SCHOOL OF MEDICINE, STANFORD, CA

Physician's Training: INTERNAL MEDICINE-KAISER PERMANENTE, OAKLAND, CA, 2000-2001
ANESTHESIOLOGY-STANFORD MEDICAL CENTER, STANFORD, CA, 2001-2004

Declaration of Service

I declare I am a resident of or employed in the country where mailing took place. I am over the age of eighteen years and I am not a party to this case. My business or residence address is:

On _____ I served this QME eForm, and uploaded supporting file attachments, the originals, or a true and correct copy of the original, which is attached, on each of the persons or firms named below, by placing it in a sealed envelope, addressed to the person or firm named below, and by:

Methods of Service Options

- A. Depositing the sealed envelope with the United States Postal Service (USPS) with postage fully paid.
- B. Placing the sealed envelope for the collection and mailing following our ordinary business practices. I am readily familiar with this business' practice for collecting and processing correspondence for mailing. On the same day, the correspondence is placed for collection and mailing, it is deposited in the ordinary course of business with the USPS in a sealed envelope with postage fully prepaid.
- C. Placing the sealed envelope for collection and overnight delivery at an office or a regularly utilized drop box of the overnight delivery carrier.
- D. Placing the sealed envelope for pick up by a professional messenger service for service (Messenger must return to you a completed declaration of personnel service).
- E. Personally delivering the sealed envelope to the person or firm named below at the address named below.

Method of Service

Name	MARIO CASTRO		
Street	PO BOX 42065		
City	PHOENIX	State	AZ
Zip	85080		

Method of Service

Name			
Street			
City		State	
Zip			

Method of Service

Name			
Street			
City		State	
Zip			

Date: _____ at _____, California.

Type or print name _____

Signature: _____

QME Panel Document Print Package

Thank you for submitting your QME panel request. Below are links to your Panel Print Package. You can print each document by clicking the icon next to the document name.

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For questions, please contact the Medical Unit at MUHelpdesk@dir.ca.gov for assistance.

Your Panel Number is: 7250892

Panel Print Package

Issued QME Panel and Declaration of Service

QME Form 106

Supporting Document